

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012593

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 257

Primary Registration District No.

Registrar's No.

86

FILED APR 15 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>
1 0740	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clearmont</u>	c. CITY OR TOWN <u>Clearmont</u>
2 0740		Length of stay in 1b <u>10 YRS</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WALLIN NURSING HOME</u>	d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>
4 0		3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Middaugh</u> Last <u>Middaugh</u>	4. DATE OF DEATH Month <u>4</u> Day <u>6</u> Year <u>63</u>
5 2		5. SEX <u>Male</u>	6. COLOR OR RACE <u>Occ.</u>
6		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 25 1879</u>
7 0		9. AGE (last birthday) <u>83</u>	10. IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u> Hours <u>63</u> Min.
8 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REL. TRUCK DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING</u>
9 581.0		11. BIRTHPLACE (City and state or country) <u>CAMERON, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
10		13a. FATHER'S NAME <u>Benjamin Middaugh</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Powell</u>
11		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
12 86-2		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Raymond Middaugh - St. Joseph Mo.</u>
13 1-0		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL FAILURE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CIRRHOSIS of LIVER</u> DUE TO (c) <u>GENERALIZED ARTERIO SCLEROSIS</u>	INTERVAL BETWEEN ONSET AND DEATH <u>45 MIN</u> <u>10 YRS</u> <u>20 YRS</u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PARKINSON'S DISEASE; SENILITY</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	20c. TIME OF INJURY Hour <u>7</u> a.m. <u>5</u> p.m. Month, Day, Year <u>DEC. 19, 1963</u>	
	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
	20f. CITY, TOWN, OR LOCATION	COUNTY	
	20g. STATE		
	21. I attended the deceased from <u>DEC. 19, 1963</u> to <u>APRIL 6, 1963</u> and last saw him alive on <u>APRIL 6, 1963</u> . Death occurred at <u>7:50</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
	22a. SIGNATURE (Degree or title) <u>Robert S. Muschman, M.D.</u>	22b. ADDRESS <u>Box 388 Clearmont Mo</u>	
	22c. DATE SIGNED <u>4/6/63</u>		
	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-9-1963</u>	
	23c. NAME OF CEMETERY OR CREMATORY <u>ASHLAND CEMETERY</u>	23d. LOCATION (City, town, or county) <u>St. Joseph Mo.</u>	
	24. FUNERAL DIRECTOR <u>HEATON-BOWMAN - St. Joseph, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-10-63</u>	
	26. REGISTRAR'S SIGNATURE <u>Bessie Bell</u>		

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 18 1963

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STATEMENT BY LICENSED EMBALMER

5-130

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed G. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Monroeville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.